## CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| 10-817450 | |

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Depend | 7 | | 7 | | | |
| Total Claims | 8 | | 8 | | | |

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